



PTO/SB/05 (4/98) Please type a plus sign (+) inside this box Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. I/95150 US/D1 Attorney Docket No. UTILITY First Inventor or Application Identifier KOK PATENT APPLICATION Title | COCCIDIOSIS POULTRY VACCINE TRANSMITTAL Express Mail Label No. EL358032393US Only for new nonprovisional applications under 37 C.F.R. § 1.53(b) Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 * Fee Transmittal Form (e.g., PTO/SB/17) Microfiche Computer Program (Appendix) (Submit an original and a duplicate for fee processing) 6. Nucleotide and/or Amino Acid Sequence Submission 2. Total Pages 48 (if applicable, all necessary) (preferred arrangement set forth below) Computer Readable Copy - Descriptive title of the Invention - Cross References to Related Applications Paper Copy (identical to computer copy) h - Statement Regarding Fed sponsored R & D C. Statement verifying identity of above copies - Reference to Microfiche Appendix - Background of the Invention **ACCOMPANYING APPLICATION PARTS** - Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) 7. - Brief Description of the Drawings (if filed) 37 C.F.R.§3.73(b) Statement - Detailed Description R Attorney (when there is an assignee) - Claim(s) 9. English Translation Document (if applicable) - Abstract of the Disclosure Copies of IDS Information Disclosure 0. XXDrawing(s) (35 U.S.C. 113) [Total Sheets Statement (IDS)/PTO-1449 Citations Preliminary Amendment Oath or Declaration [Total Pages Return Receipt Postcard (MPEP 503) a. Newly executed (original or copy) 12. (Should be specifically itemized) Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) Small Entity XX Statement filed in prior application, Statement(s) Status still proper and desired DELETION OF INVENTOR(S) (PTO/SB/09-12) i. Certified Copy of Priority Document(s) Signed statement attached deleting inventor(s) named in the prior application, (if foreign priority is claimed) see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 15. Other: NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: of prior application No: 08 , 676,882 Continuation-in-part (CIP) |x| Divisional 1632 J. Martin Prior application information: Examiner Group / Art Unit: _ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Correspondence address below Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Mary E. Gormley Name AKzo Nobel, N.V. 1300 Piccard Drive Address Suite 206 20850 State Maryland Zip Code Rockville City 301-948-9751 301-948-7400 Fax Telephone Country

Name (Print/Type)	Mary E.	Gormley		Registration No. (Attorney/A	gent)	34,409
Signature	Mari	x 4. 40	Imley		Date	9/14/99

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PTO/SB/17 (6/99)

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FEE TRANSIV	ΙΙΤΤΔΙ	Complete if Known		
LEE IVANOMILIAE		Application Number		
for FY 19	99	Filing Date	September 14, 1999	
Patent fees are subject to annual	l revision.	First Named Inventor	KOK	
Small Entity payments <u>must</u> be supported by a otherwise large entity fees must be paid. See	small entity statement,	Examiner Name		
See 37 C.F.R. §§ 1.27 and	1.28.	Group / Art Unit		
TOTAL AMOUNT OF PAYMENT (\$)	760.00	Attorney Docket No.	I/95150 US/D1	

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